

# M-D UNDERWRITING SERVICES, INC.

## YEAR END AGGREGATE CLAIM FORM

PLAN SPONSER \_\_\_\_\_ CARRIER \_\_\_\_\_

CONTRACT BASIS \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

1. Total Paid Claims: \$ \_\_\_\_\_
2. Minimum Aggregate Deductible: \$ \_\_\_\_\_
3. Annual Aggregate Deductible (calculated): \$ \_\_\_\_\_  
(Please provide monthly census counts and monthly attachment point calculation as an attachment)
4. Less Claims Exceeding Specific Deductible/Loss Limit: \$ \_\_\_\_\_
5. Less Previous Monthly Accommodations: \$ \_\_\_\_\_
6. Less Claims Paid Outside The Aggregate Contract: \$ \_\_\_\_\_
7. Reimbursement Due: \$ \_\_\_\_\_
8. Refund Due Carrier: \$ \_\_\_\_\_

### **PLEASE INCLUDE THE FOLLOWING TO AVOID DELAY:**

1. Paid Claims Analysis Report showing name of claimant, incurred date, charge, payment amount, and paid date;
2. Eligibility listing which identifies birth date, effective date, termination date, and coverage type;
3. Proof of Funding. This must include monthly bank statements and/or deposit slips;
4. Void/Refund report;
5. Benefit/Service Code report;
6. Aggregate Report – Monthly Loss Summary Report;
7. Specific Report showing claimants who have exceeded the Specific Deductible/Loss Limit;
8. Payments made outside the Aggregate Contract (i.e. Dental, Weekly Income, Vision, PPO Fees, Medical Records Fees, RX Admin.);
9. Yearly Check Register;
10. Outstanding overpayments and subrogation issues;
11. RX invoices, if RX is a covered benefit.

### **PLEASE READ BEFORE SIGNING**

I hereby certify that, to the best of my knowledge, after reasonable inquiry: (1) that the information stated herein is correct; (2) that the claim has been processed and is eligible in accordance with the Plan Sponsor's Benefit Plan; and (3) that all the indicated expenses have actually been unconditionally paid on behalf of the Plan as required by the Stop Loss Contract.

\_\_\_\_\_  
Authorized Signature Title Date

\_\_\_\_\_  
Claims Administrator Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Fax